

SUMMONS IN A CIVIL ACTION

UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MICHIGAN

SKATEMORE, INC. et. al.

Case No. 1:21-cv-00066

Hon. Hala Y. Jarbou

v.

GRETCHEN WHITMER, et. al.

TO: GRETCHEN WHITMER

ADDRESS: Executive Office
Governor Gretchen Whitmer
111 S. Capitol Ave.
Lansing, MI 48933

A lawsuit has been filed against you.

YOU ARE HEREBY SUMMONED and required to serve upon plaintiff, an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure within 21 days after service of this summons on you (not counting the day you received it). If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You must also file your answer or motion with the Court.

The Court has offices in the following locations:

399 Federal Building, 110 Michigan St., NW, Grand Rapids, MI 49503
P.O. Box 698, 330 Federal Building, Marquette, MI 49855
107 Federal Building, 410 W. Michigan Ave., Kalamazoo, MI 49007
113 Federal Building, 315 W. Allegan, Lansing, MI 48933

PLAINTIFF OR PLAINTIFF'S ATTORNEY NAME AND ADDRESS

David A. Kallman
Attorney for Plaintiffs
5600 W. Mount Hope Hwy.
Lansing, MI 48917

CLERK OF COURT



February 2, 2021

By: Deputy Clerk

Date

PROOF OF SERVICE

This summons for GRETCHEN WHITMER was received by me on _____.

(name of individual and title, if any)

(date)

☐ I personally served the summons on the individual at _____
on _____.

(place where served)

(date)

☐ I left the summons at the individual's residence or usual place of abode with _____, a person
of suitable age and discretion who resides there, on _____, and mailed a copy to the individual's last known address.

(name)

(date)

☐ I served the summons on _____, who is designated by law to accept service
of process on behalf of _____ on _____.

(name of individual)

(name of organization)

(date)

☐ I returned the summons unexecuted because _____.

☐ Other (specify) _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under the penalty of perjury that this information is true.

Date: _____

Server's signature

Additional information regarding attempted service, etc.:

Server's printed name and title

Server's address

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UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MICHIGAN

SKATEMORE, INC. et. al.

Case No. 1:21-cv-00066

Hon. Hala Y. Jarbou

v.

GRETCHEN WHITMER, et. al.

TO: Director of MDHHS, Robert Gordon

ADDRESS: Michigan Department of Health & Human Services
333 S. Grand Ave.
Lansing, MI 48909

A lawsuit has been filed against you.

YOU ARE HEREBY SUMMONED and required to serve upon plaintiff, an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure within 21 days after service of this summons on you (not counting the day you received it). If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You must also file your answer or motion with the Court.

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PLAINTIFF OR PLAINTIFF'S ATTORNEY NAME AND ADDRESS

David A. Kallman
Attorney for Plaintiffs
5600 W. Mount Hope Hwy.
Lansing, MI 48917

CLERK OF COURT



February 2, 2021

By: Deputy Clerk

Date

PROOF OF SERVICE

This summons for Director of MDHHS, Robert Gordon was received by me on _____
(name of individual and title, if any) (date)

☐ I personally served the summons on the individual at _____
on _____
(date) (place where served)

☐ I left the summons at the individual's residence or usual place of abode with _____, a person
(name)
of suitable age and discretion who resides there, on _____, and mailed a copy to the individual's last known address.
(date)

☐ I served the summons on _____, who is designated by law to accept service
(name of individual)
of process on behalf of _____ on _____
(name of organization) (date)

☐ I returned the summons unexecuted because _____

☐ Other (specify) _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

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TO: Michigan Department of Health & Human Services

ADDRESS: 333 S. Grand Ave.
Lansing, MI 48909

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PLAINTIFF OR PLAINTIFF'S ATTORNEY NAME AND ADDRESS

David A. Kallman
Attorney for Plaintiffs
5600 W. Mount Hope Hwy.
Lansing, MI 48917

CLERK OF COURT



February 2, 2021

By: Deputy Clerk

Date

PROOF OF SERVICE

This summons for Michigan Department of Health & Human Services was received by me on _____
(name of individual and title, if any) (date)

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on _____
(date) (place where served)

☐ I left the summons at the individual's residence or usual place of abode with _____, a person
(name)
of suitable age and discretion who resides there, on _____, and mailed a copy to the individual's last known address.
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